

**Read this information first**

Form REG-3-D must be filled out in its entirety to complete your registration or to change information previously provided for a registered business. Signature stamps are not acceptable. You can fax Form REG-3-D to us at **217 785-6013**. If you prefer, mail your completed Form REG-3-D to the Central Registration Division, Illinois Department of Revenue, PO Box 19030, Springfield Illinois 62794-9030.

Step 1: Provide your business or organization information

Internet applicants must provide the application code. If you are changing information for a previously registered business, tell us your Illinois Business Tax number (IBT no.).

Name of your business

(____)____ - _____
Daytime telephone

Street address of your business

____ - ____ - ____
Application code (e.g., A999-A999-A999-9999)

City

State

ZIP

____ - ____
Illinois Business Tax number (IBT no.)**Step 2: Sign here**

Under penalties of perjury, I certify I have examined all the information provided for my registration or renewal application and, to the best of my knowledge, it is true, correct, and complete.

Signature: _____

Date: ____/____/____

Printed name: _____

Title: _____

Address: _____

Step 3: Tell us the person(s) responsible for filing returns and paying taxes and fees due

The tax responsibilities listed below require the person who will be responsible for filing tax returns and paying the tax or fee due to complete the following information and sign. If you need to identify more, attach additional sheets using a similar format.

Name

(____)____ - _____
Daytime telephone

Address

____ - ____ - ____
Social Security number (SSN)

Check all tax types for which you are responsible for filing returns and paying the tax or fee due.

☐ Withholding Income Tax☐ Sales, Service & Use Taxes☐ Motor Vehicle Renting Tax☐ Hotel Operators' Tax☐ Motor Fuel Tax☐ Environmental Impact Fee & Underground Storage Tax

Under penalties of perjury, I state that I am personally responsible for filing and paying the taxes and fees listed above.

Signature

____/____/____
Date

Name

(____)____ - _____
Daytime telephone

Address

____ - ____ - ____
Social Security number (SSN)

Check all tax types for which you are responsible for filing returns and paying the tax or fee due.

☐ Withholding Income Tax☐ Sales, Service & Use Taxes☐ Motor Vehicle Renting Tax☐ Hotel Operators' Tax☐ Motor Fuel Tax☐ Environmental Impact Fee & Underground Storage Tax

Under penalties of perjury, I state that I am personally responsible for filing and paying the taxes and fees listed above.

Signature

____/____/____
Date